

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-20-05

2 Serial/Patent # 10/519847

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT



Filing

\$ 100

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

Credit Card Refund

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Paralegal Specialist

SIGNATURE: John Anderson

PHONE: 308-9140 ext 211

OFFICE: PCT/DO/EO

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:  
\*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: